INDIANA HIV BEHAVIORAL RISK ASSESSMENT TOOL ATTACHMENT F

Please answer each question below by placing an X in the appropriate space. Do not write your name on this form.
If you are incarcerated (jail, prison, secured detention, etc.), complete the form for the time prior to being incarcerated.

In the last 3 months, have you…	**No**	**Yes**	**Not Sure**
Been homeless?	☐	☐	
Been in alcohol or drug treatment?	☐	☐	
Had sex while high on drugs or alcohol?	☐	☐	
Had sex to get money, drugs, shelter, etc?	☐	☐	
Paid for sex with money or drugs?	☐	☐	
Had sex with a person who injects drugs?	☐	☐	☐
Had sex with a man who has sex with men?	☐	☐	☐
Been diagnosed with Hepatitis C?	☐	☐	☐
Been diagnosed with a sexually transmitted disease (e.g. Syphilis, Chlamydia, Gonorrhea, Hepatitis B?)	☐	☐	☐
Been in the correctional system? (Probation, parole, secured detention, juvenile corrections etc.)	☐	☐	

Have you…	**No**	**Yes**	**Not Sure**
Ever injected drugs	☐	☐	
Ever been in alcohol or drug treatment?	☐	☐	
Ever had sex against your will?	☐	☐	
Ever had sex with other men (men only)	☐	☐	
Are you pregnant now? (women only)	☐	☐	☐

In the past 3 months, have you had vaginal, oral, or anal sex? **No** ☐ **Yes** ☐

If yes, with a…	**No**	**Yes**	
Man?	☐	☐	……..How many men? _____
Woman?	☐	☐	……..How many women? _____
Transgender?	☐	☐	……..How many transgender? _____

In the last 3 months, which types of sex have you had?

If yes, about how often did you or your partner use condoms or barriers for each type of sex?

	No	**Yes**		**Always** (4 out of 4 times)	**Usually** (3 out of 4)	**Sometimes** (2 out of 4)	**Occasionally** (1 out of 4)	**Never** (0 out of 4)
Had vaginal sex?	☐	☐	……	☐	☐	☐	☐	☐
Performed anal sex? (top)	☐	☐	……	☐	☐	☐	☐	☐
Received anal sex? (bottom)	☐	☐	……	☐	☐	☐	☐	☐
Performed oral sex?	☐	☐	……	☐	☐	☐	☐	☐
Received oral sex?	☐	☐	……	☐	☐	☐	☐	☐

In the past 3 months, have you had <u>unprotected</u> anal or vaginal sex with someone …

	No	**Yes**	**If yes, how many partners?**
Who was HIV positive (has HIV)?	☐	☐	____
Who was HIV negative?	☐	☐	____
Whose HIV status you didn't know?	☐	☐	____

Do you have a spouse or main partner? No ☐ Yes ☐

If yes, for how long? _____ years _____ months

Is your partner: HIV positive (has HIV) ☐ HIV negative ☐ I don't know ☐

OVER – MORE ON BACK

In the past 30 days, have you used any of the following non-injected drugs? No ☐ Yes ☐

If yes, have you used the following drugs?	No	Yes	If yes, how many times in the past 30 days?
Crack	☐	☐	_____
Cocaine	☐	☐	_____
Heroin	☐	☐	_____
Amphetamines (speed, crystal)	☐	☐	_____
Amyl Nitrate (poppers)	☐	☐	_____
Party drugs (Ecstasy, Special K, GHB)	☐	☐	_____
Marijuana	☐	☐	_____
5 or more alcoholic drinks (in one sitting)	☐	☐	_____
Other: _____	☐	☐	_____

In the past 30 days, have you injected any drugs or medications ? No ☐ Yes ☐

If you have injected drugs or medications in the past 30 days, complete this box.

In the past 30 days, have you injected any of the following drugs/medications ?

	No	Yes	If yes, how many times in the past 30 days?
Heroin	☐	☐	_____
Cocaine/Crack	☐	☐	_____
Amphetamines (speed, crystal)	☐	☐	_____
Steroids	☐	☐	_____
Insulin	☐	☐	_____
Hormones	☐	☐	_____
Prescription drugs (codeine, morphine)	☐	☐	_____
Other: _____	☐	☐	_____

If you have injected drugs in the past 30 days, what kind of needles did you use?	No	Yes
New	☐	☐
Bleached	☐	☐
Shared (someone used before me)	☐	☐
Shared (someone used after me)	☐	☐
Reused my own	☐	☐
Origin unknown	☐	☐

In the past 30 days, have you shared needles with someone …	No	Yes
Who was HIV positive (has HIV)	☐	☐
Who was HIV negative	☐	☐
Whose HIV status you didn't know	☐	☐

Have you ever had a test for HIV/AIDS? ☐ Yes ☐ No ☐ Don't Know

What was the result of the HIV test? ☐ Positive (you have HIV) ☐ Negative ☐ Not sure

If you are HIV-positive, how long have you known about your HIV status? _____ years _____ months

If you are HIV-positive, are you receiving medical care for your HIV infection? ☐ Yes ☐ No ☐ Not sure

How many people live in your household, including you? ___

How many years of education have you completed? ___

What is your primary source of household income?

- You (includes Public Assistance) ☐
- Your partner or spouse ☐
- Other family or friends ☐
- Other: specify_____ ☐

What is your annual household income?

- Less than $15,000 ☐
- $15,000 to $24,999 ☐
- $25,000 to $34,999 ☐
- $35,000 to $44,999 ☐
- $45,000 or more ☐

For agency use only

Date_____ Staff initial_____

Client code_____

Agency name _____

Intervention plan code_____

Site location_____ County where conducted_____

Completed by:

☐ Staff ☐ Client

☐ Without instruction

☐ With instruction in a group

☐ With individual instruction